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| lease print or type. (Form designed for use on elite (12-pitch) | O - BUIT - STEAM SLAI | | | | S | acramento, California | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------|--------|--------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| | or's US EPA ID No. Marketurn to General Docu | anifest ment No. | 2. Pa | ge 1 Informatis not law. | ion in requir | the shaded areas ed by Federal | | |
| 3. Generator's Name and Mailing Address Doug1 190th 4. Generator's Phone (213-533-6677 Torra | as Aircraft Co. & Normandie Ave. nce, CA 90502 | | A.Sta | te Manifest Do 492412 te Generator's | 12 | nt Number | | |
| 5. Transporter 1 Company Name | 6. US EPA ID Num | | | te Transporter | | 636951 | | |
| J. C. Liquid Waste Disposal 7. Transporter 2 Company Name | | US EPA ID Number | | | D.Transporter's Phone 213-268-2137 E.State Transporter's ID F.Transporter's Phone | | | |
| 9. Designated Facility Name and Site Address CASMALIA P.O. Box E NTU Road Casmalia, CA 93429 | 10. US EPA ID Num | 1 2 2 | H.Fac | te Facility's ID | 079 | 13125 | | |
| 11. US DOT Description (Including Proper Shipping Nam | e, Hazard Class, and ID Number) | 12.Conta | Type | 13. Total Quantity | 14. Unit Wt/Vo | I. Waste No. | | |
| a. Hazardous Waste Liquid NOS ORM-E | NA9189 | 001 | ŢŢ | 2:600 | 6 | 461 | | |
| b. | | 35. | | | | | | |
| C. | | • • | | | | | | |
| d. | <u> </u> | | · | · • • | <u> </u> | | | |
| | | | | | | | | |
| J. Additional Descriptions for Materials Listed Ab | ove | | K.Har | dling Codes to | r Wasi | es Listed Above | | |
| Paint Sludge 10% Bio-Degradable Coolant 3% Water 87% | | | | 06/0 | 9 | | | |
| 15. Special Handling Instructions and Additional Inf | Guide #31 | flame | or 1 | nhale fume | s | Same of the same o | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that above by proper shipping name and are classified, part for transport by highway according to applicable it. | acked, marked, and labeled, and a | re in all re | spects | in proper condit | bed tion | | | |
| Printed/Typed Name | Signatore | | | | | Date Month Day Year | | |
| Ponald C. Gerber 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | 1/-/ 1/4 XS | | |
| Printed/Typed Name S 034395 (00 by 1/2 g/L) Signature | | | | | | Month Day Year | | |
| 18. Transporter 2 Acknowledgement of Receipt of I | | | | Date | | | | |
| Printed/Typed Name | Signature | | | | N. Facustina viscous | Month Day Year | | |
| 19. Discrepancy Indication Space | | | | | | 701man | | |
| 20. Facility Owner or Operator: Certification of receipt of | of hazardous materials covered b | y this ma | nifest | except as noted | <i>/()</i> Lin | <u>1070100 </u> | | |
| Item 19. # 63683-11, 560 /65. Printed/Typed Name Signature | | | | | | Date Month Day Year | | |
| SMALLA RESIDECES Alice Coiest Min Drint | | | | | | | | |
| | MULC ISSICSI | - A. | LCQ | - FILLAN | <i>4</i> | <u> </u> | | |

8016 - 8017 - STEAM SLAB

CC- 700-82-0PC-0098 Department of Health Services
Toxic Substances Control Division
Sacramento, California

Please print or type. (Form designed for use on elite (12-nitch) typewriter)

| UNIFORM HAZARD WASTE MANIFES 3. Generator's Name and Mai | ST hanness | PAID No. Ma | anifest iment No | , of | ge 1 Informa is not y law. te Manifest D | require | ne shaded areas ed by Federal | |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------|----------------|-------------------------------------------------------------------------|-----------------------|----------------------------------|--|
| 4. Generator's Phone (213. 5. Transporter 1 Company N | Douglas Air 190th & Nor 593-6677 Torrance, C | mandie Ave. A 90502 | her | 8 B.Sta | 492417 te Generator's | 12 | i vumber | |
| 7. Transporter 2 Company Name 8. US EPA ID Number | | | | | D.Transporter's Phone E.State Transporter's Phone F.Transporter's Phone | | | |
| 9. Designated Facility Name CASMALIA P.O. Box E NTU Road Casmalia, CA 93429 | le A | US EPA ID Num | ber | G.Sta H.Fac | te Facility's ID | | | |
| 11. US DOT Description (Includin | g Proper Shipping Name, Hazard | Class, and ID Number) | No. | Type | Total Quantity | Unit Wt/Vol | I. Waste No. | |
| a. Hazardous Waste Liq | uld NOS ORM-E NA91 | 39 | 001. | T.T | 2:600 | G | 461 | |
| b. | | | | | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
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| u. | | | | | | | | |
| J. Additional Descriptions for | Materials Listed Above | | • | · K Han | dling Codes fo | r Waste | s Listed Above | |
| Paint Sludge Blo-Degradable Cool: Water | 87% | | | | | | | |
| 15. Special Handling Instruction Use gloves, goggles, | ns and Additional Information respirator - Do not | Guide #31 go near open i | Mame (| or in | nhale fume | s | | |
| 16. GENERATOR'S CERTIFICATIO above by proper shipping name for transport by highway according | IN: I hereby declare that the conte the and are classified, packed, mar cording to applicable internation | ked, and labeled, and ar | e in all res | spects | in proper condit | bed tion | Date | |
| Printed/Typed Name Donald C. Gerber Sh | | | | | | \ \ I | fonth Day Yea | |
| 17. Transporter 1 Acknowledge | ment of Receipt of Materials | Color Will | <u> </u> | Çub- | PV . | | / Daté | |
| Printed/Typed Name | rinted/Typed Name Signature Month | | | | | fonth Day Yea ルルトン | | |
| 18. Transporter 2 Acknowledge Printed/Typed Name | ment of Receipt of Materials | | | | | | Date | |
| rimedriyped Name | | Signature | | | | N I | lonth Day Yea | |
| 19. Discrepancy Indication Space | e | | | | | | | |
| 20. Facility Owner or Operator: C | ertification of receipt of hazardo | us materials covered by | y this mai | nifest e | xcept as noted | in _ | | |
| Printed/Typed Name | CIUIAAA | Signature | | | | | Date Ionth Day Year | |
| | SCANNED | The Manager of the Control | | | | . 1 | . . . | |